



Do Not Write or Staple In This
Space.
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Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01054891

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$762,500.00
Discount Amt Taken: \$0.00
Payment Amount: **\$762,500.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000088840	0		TPCN-12.3	TPCN-12.3 (Fulfill the terms of contract)	\$762,500.00
<u>ShipTo ID</u> <u>Non-HHSAS Cntrct ID</u>						
2010						
<u>Contract #</u> <u>Wkfc</u> <u>Org PmtDt</u> <u>IC</u> <u>RC</u>						
529-10-0013-00001 N						
<u>Invoice DT:</u> 10/20/15 <u>Req'd Pay DT:</u> 12/11/15						
<u>Inv Recv'd DT:</u> 10/20/15 <u>Pay Due DT:</u> 12/30/15						
<u>Service DT:</u> 11/30/15 <u>P O DT:</u>						
Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref
1.1	725300	0001	716	5016	03138	2016
<u>Pri/Grant</u> <u>Amount</u>						
TANF100F \$762,500.00						
<u>Open Item Key:</u> <u>Conf:N</u> <u>Certified Amt:</u> 0.00						

Descriptive Legal Text (DLT Comments):

DOS: 11/2015

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
		DEC 08 2015	12/08/2015
Gonzalez, Maria Gina (ONL UID)			
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name	Contact Phone(Area+Number)		

#1054891

Contract Vendor Invoice Payment Request



HHSC Office of Social Services
Community Access & Services

Alternatives to Abortion-Texas Pregnancy Care Network

The attached invoice is approved for payment.

Invoice Date:	11/24/15		
Invoice Number:	TPCN 123		
Dept. ID/Speedchart:	716		
Object Code:	725300		
Contract Number:	529-10-0013-00001E		
Contract Name:	Texas Pregnancy Care Network		
TIN:	1760802397		
Mail Code:			
Purchase Order Number:	52900-6-0000088840		
Month of Service:	November 2015	Amount:	\$ 762,500.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	10/20/15
Payment Due On or Before:	*December 1, 2015

Total Amount:	\$762,500.00
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CONTACT	DATE
Preparer's Name: Andrea Costley	11/24/2015
Preparer's Phone: 512-206-5624	

FINANCIAL MANAGER	DATE
Beth Zahn	11/24/2015

SIGN-OFF	DATE
Agency Contact/Preparer's Signature: <i>Beth Zahn</i>	11/24/2015

See Invoice

NOV 24 2015

HANH NGO
512-487-3389



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Andrea Costley
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615

Account:

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.3

Invoice Date: October 20, 2015

Due Date: November 30, 2015

For Professional Services Rendered:

RE:

Contract Number: 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

Payment 12.3: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: November 30, 2015

\$762,500.00

Amount Due

\$762,500.00

Section 1.06 Modification to Section 4.02 General Payment Terms.

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016 for the work performed in accordance with Exhibit A to this Amendment.

(a) Payment Methodology

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016.

(b) Payment Schedule

Payment No.	Description	Due Date	Amount
12.1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2015	\$762,500.00
12.2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2015	\$762,500.00
12.3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2015	\$762,500.00
12.4	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	December 31, 2015	\$762,500.00
12.5	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	January 31, 2016	\$762,500.00
12.6	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	February 29, 2016	\$762,500.00

ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, and Four shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Five, the Parties expressly understand and agree that Amendment Five is hereby made a part of the Original Agreement as though it were set out word for word therein.

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms FOB Dest. Prepaid & All	Ship Via BEST WAY	Purchase Order 52900-6-0000088840
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 11/12/2015
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: CAS, Family Violence & Refugee HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 12668 Austin TX 78751 United States

Vendor: 1760802397
TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS TX 78730-5115

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Kessler, Autumn (PCS) 512.406.2563

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016	962-58	1.00 LOT	3,050,000.00000	3,050,000.00	11/12/2015
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Schedule Total 3,050,000.00

Contract ID: 529-10-0013-00001

Contract Line: 0

Release: 8

Item Total for Line 1 3,050,000.00

Total PO Amount 3,050,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized